

**DEPARTMENT OF EMPLOYEE TRUST FUNDS  
INCOME CONTINUATION INSURANCE ADMINISTRATION MANUAL - LOCAL**

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**CHAPTER 5 — MONTHLY PREMIUM REPORT**

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**500    Completion of the *Monthly Premium Report Group Income Continuation Insurance* Form**

The *Monthly Premium Report Group Income Continuation Insurance* form (ET-1629) accompanies the monthly Income Continuation Insurance (ICI) premium remittance mailed to the Department of Employee Trust Funds (ETF) and provides a detailed breakdown of employee and employer premium contributions by elimination period. (Refer to the sample form in Subchapter 504.)

Form ET-1629 is available on ETF's Internet site at: <http://etf.wi.gov>. (See Subchapter 105 for alternative methods of obtaining copies of ICI forms.)

Complete the following areas on the *Monthly Premium Report Group Income Continuation Insurance*:

1.    Employer Name
2.    Employer ID No. 69-036 – This is the same number used for WRS reporting. Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).
3.    Coverage Month/Year – Indicate “coverage month.” Example: If the report is due on February 20, the “coverage month” is March.
4.    Prepared By and Telephone No. – Enter preparer’s name and telephone number.
5.    Number of Employees – Enter the number of employees for each elimination period.
6.    Employee Premiums – Enter the coverage month’s employee premium contributions by elimination period. For information on calculating the employee premium, see Subchapter 402.

7. Employer Premiums – Enter the coverage month's employer premium contributions by elimination period. For information on calculating the employer premium refer to Subchapter 402.
8. Premium Adjustment – Use this section of the ET-1629 only when adjusting a previous month's premium payment. For example, to report a permanent change in percentage of appointment, enter the Social Security Number of the affected employee(s), the month(s) requiring adjustment, and the amount of the adjustment(s).
9. Total Adjustment (c) – Add the premium adjustment amount column and enter the total under 'Total Adjustment' (c).
10. Total Employee/Employer Adjustment (a) and (b) – Enter the employee (a) and employer (b) premium adjustment shares. The total employee and total employer adjustment shares (a + b) must equal the amount entered in 'Total Adjustment' (c) in Step 9.
11. Total Employee Premium (1) – Enter the total amount of employee premium column, including the employee adjustment (a), if any.
12. Total Employer Premium (2) – Enter the total amount of employer premium column, including the employer adjustment (b), if any.
13. Total # of Employees – Enter the total number of employees for all elimination periods.
14. Total Amount Remitted (3) – Total of employee and employer premiums (1 + 2). This total must equal the amount paid. Checks must be made payable to the Department of Employee Trust Funds.
15. Date and Signature of WRS Agent – The WRS agent certifies that the information on the report and the amount remitted are correct.

## **501 Due Date**

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* form and premium check must be sent to ETF at the address shown on the report. Monthly Premium Reports and remittances are due in the ETF office on the 20<sup>th</sup> day of the calendar month preceding the month of coverage, or on the first working day after the 20<sup>th</sup> when the 20<sup>th</sup> falls on a day in which state offices are closed (Wis. Admin. Code ETF 10.63).

## **502 Late Reporting Interest Charge**

Interest is assessed at the rate of .04 % of the total premium amount due for each day from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is \$3. Interest charges cannot be waived per Wis. Stat. § 40.06 (3).

### 503 Permanent Change in Percentage of Appointment

A permanent change in an ICI covered employee's percentage of appointment may result in the need for a premium adjustment. An *Income Continuation Insurance Application* (ET-2307) must be completed by the employee and received by the employer within 30 days of the change in percentage of appointment.

Premiums are adjusted at the beginning of the month on or after the effective date of the permanent appointment change. If premiums have already been paid based on the earnings in effect prior to the change, an adjustment must be made on the *Monthly Premium Report Group Income Continuation Insurance* form during the following payroll period to reflect the change in salary for the effective coverage month. (Refer to step 8 of Subchapter 500.)

**EXAMPLE:** The effective date of change of the new percentage of appointment is the first of October. The employee selected the 30-day elimination period.

1. Prior to October 1, employee earnings at 50% time = \$833.33 per month.
2. New appointment effective October 1, employee earnings at 100% time = \$1,666.67 per month.

ICI premiums for October coverage were paid one month in advance of the effective date of the change. Premiums paid in October for November coverage must reflect the increase between the old and the new premium, plus the new premium for November coverage as follows:

New premium for November coverage	\$12.50
Old premium	- 6.25
October Adjustment	\$6.25 Increase

October's premium adjustment of \$6.25 must appear in the 'Premium Adjustment' section of the *Monthly Premium Report Group Income Continuation Insurance* form (ET-1629) due at ETF on October 20th. Indicate the Social Security Number of the employee whose premium is being adjusted, the month being adjusted, and the amount of the adjustment, in the proper 'Elimination Period' row of the report. (The form contains space for six adjustments; indicate any additional adjustments on the back of the form.)

504 Monthly Premium Report Group Income Continuation Insurance Form (ET-1629)

Department of Employee Trust Funds  
801 West Badger Road  
P.O. Box 7931  
Madison, WI 53707-7931

**MONTHLY PREMIUM REPORT  
GROUP INCOME CONTINUATION INSURANCE**  
(Local Government Employers)  
Wis. Stat. § 40.61 (3)

Employer Name	Employer ID No. 69-036-	Coverage Month/Year
Prepared By	Telephone No.	

ELIMINATION PERIOD	NUMBER OF EMPLOYEES	EMPLOYEE PREMIUM	EMPLOYER PREMIUM	PREMIUM ADJUSTMENT		
				SOC. SEC. NO.	MONTH	AMOUNT
30 days						
60 days						
90 days						
120 days						
180 days						
TOTAL EMPLOYEE ADJUSTMENT a)				TOTAL ADJUSTMENT c) (a + b must = c)		
TOTAL EMPLOYER ADJUSTMENT b)						
TOTAL EMPLOYEE PREMIUM 1)						
TOTAL EMPLOYER PREMIUM 2)						
TOTAL # OF EMPLOYEES		TOTAL AMOUNT REMITTED (1 + 2 must = 3)				

Date (MM/DD/YYYY)	Signature of Authorized Representative
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